



ana liffey drug project
ACTION • PREVENTION • SUPPORT

Student Placement Application Form

Thank you for your interest in the Ana Liffey Drug Project. All student applications are reviewed with consideration of current student opportunities. The information provided will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. If you require any assistance in completing this form please call the Ana Liffey Volunteer Coordinator on lauren.crook@aldp.ie.

Personal Details

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ E-Mail: _____

Emergency Contact Name: _____ Phone : _____

Course Details

School Name: _____ Course Name: _____

Tutor Name: _____ Tutor E-Mail: _____

Tutor Phone: _____ Total Number of Placement Hours: _____

Proposed Start Date: _____ Proposed End Date: _____

Education and Training

Please provide details of your previous education and training experiences in the section below.

Period: from / to	Name of School, College or Training centre attended	Name of course / qualifications

Employment

Please provide details of any relevant employment experiences to date in the section below.

Period: from / to	Name and address of Employer	Position held and brief summary

Further Information

1. Please list the main subjects / topics on your course.

2. What are the objectives of your placement?

3. What do you think you can bring to the placement in terms of skills, experience and abilities?

4. Why do you want to complete your placement with the Ana Liffey Drug Project? What is your understanding of a harm reduction ethos?

5. Is there an activity that you are particularly interested in for your proposed placement?

6. Where do you wish to complete your placement?

- Dublin
- Limerick

7. Please tell us how you heard about the Ana Liffey drug project:

- Ana Liffey Drug Project Website
- Word of Mouth
- Pamphlet/Flyer
- Internet site, please specify: _____
- A Volunteer Centre
- Media: Radio / Television / Newspaper
- Other _____

Availability

Please fill in details regarding your availability and any requirements regarding the days/hours per week of your placement.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Are there any additional requirements for your proposed placement (such as additional block weeks, specialist supervision, etc.)? Please provide details.

References

Please provide the details of two referees who are in a position to assess your skill, ability and suitability for your placement with the Ana Liffey Drug Project. References will only be accepted from those that know you in a professional capacity.

1.

Name: _____ Relationship: _____

Organisation/Institution: _____ Position: _____

Phone: _____ E-Mail: _____

2.

Name: _____ Relationship: _____

Organisation/Institution: _____ Position: _____

Phone: _____ E-Mail: _____

Garda Vetting

Due of the nature of our work we need to know if you ever been convicted of an offence in the Republic of Ireland or elsewhere?

Yes No

If you ticked yes, please provide details below:

Can you provide Garda Vetting through your college?

Yes No

I declare that the information I have provided is true. The Ana Liffey Drug Projects works from a harm reduction, low-threshold approach. All my actions as a student will reflect the ethos of Ana Liffey Drug Project.

Signed _____ Date _____